

9 FAM PART IV Appendix O, Exhibit IX RECEPTION AND PLACEMENT PROGRAM ASSURANCE FORM

RECEPTION AND PLACEMENT PROGRAM ASSISTANCE FORM

National Agency
Migration and Refugee Service
Street Address
City, State, Zip Code
Telephone Number

Placement Code: _____
ETA/ESL Completion Date: _____

Date: File ID No. Present Location:

The following persons have been accepted for resettlement under our auspices:

	<u>Name</u>	<u>A Number</u>	<u>DOB</u>	<u>MC</u>	<u>Sex</u>	<u>POB</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

Affiliate Local Co-sponsor Relative (if applicable)

Telephone Tel: Tel:

Airport of Final Destination:

Placement Location (city, state):

Special Instructions:

The affiliate has an agreement with the national Agency to provide, or ensure the provisions of, reception and placement services to the above named refugee(s) in accordance with the U.S. Department of State Cooperative Agreement.

Signature: _____
Authorized Agency Representative

Refugee Data Center 200 Park Avenue South, New York, N.Y. 10003